

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 600. ABORTION FACILITY REGULATIONS**

RULEMAKING ACTION:

Notice of proposed PERMANENT rulemaking

PROPOSED RULES:

Subchapter 15. Abortion Medical Procedure Standards. [NEW]

310:600-15-1 [NEW]

310:600-15-2 [NEW]

310:600-15-3 [NEW]

310:600-15-5 [NEW]

310:600-15-5 [NEW]

310:600-15-6 [NEW]

SUMMARY:

The new rules are proposed to implement the requirements of HB 1848 [which will become effective on November 1, 2014 and is codified at Title 63 of the Oklahoma Statutes, Section 1-748 (63 O.S. § 1-748)], passed during the 2014 session of the Oklahoma Legislature. The requirements in proposed new rule 310:600-15-1 will only apply to abortion facilities, as that term is defined in regulations. Currently, there are three such licensed facilities in the State of Oklahoma. 310:600-15-1, is proposed to meet the requirements contained at 63 O.S. § 1-748 (A) and mandates the supplies, medications and equipment required during the abortion procedure itself; the procedure in the recovery room after the abortion has been performed; and the post-abortion procedure after the patient has left the facility (including any follow-up visits with the physician). The remaining proposed rules, 310:600-15-2 through 310:600-15-6 apply to any facility where an abortion is performed. These rules are proposed to cover: the training required for a physician assistant of a physician that performs abortions; training required for volunteers at facilities where abortions are performed; requirements to medically screen and evaluate potential patients who wish to receive an abortion; adequate staff, equipment, supplies and medications are available; pain management; intravenous access; monitoring the patient through the process; use of Ultrasound equipment; and hospitalization, in the event an emergency occurs;

Additionally, pursuant to the remaining requirements of 63 O.S. § 1-748, the proposed rules will cover the standards for recovery room procedure, including: the monitoring of patient's vital signs, the monitoring for possible reaction to sedation medication, supervision of the patient, which includes a person capable in providing cardiopulmonary resuscitation in the recovery room, the physician to establish protocols for length of time to remain in recovery room, and documentation of patient's health prior to discharge; and the requirements for the "after the discharge of the patient" which includes: making available Rh-immunoglobulin, providing written instruction on post procedure sexual activity, providing written contact information in the event complications occur, contacting with the patient within 24 hours of the procedure, and scheduling a follow-up visit with the patient.

Finally, the proposed rules will establish requirements concerning the patient's follow-up visit, including, testing to ensure pregnancy was terminated and recordkeeping and reporting requirements.

AUTHORITY:

Oklahoma State Board of Health, Title 63 O.S. Section 1-104; and Title 63 O.S. Section 1-701 *et seq.*, specifically 63 O.S. § 1-748, effective November 1, 2014.

COMMENT PERIOD:

October 1, 2014, through November 5, 2014. Interested persons may informally discuss the

proposed rules with the contact person identified below; or may, through November 5, 2014, submit written comment to the contact person identified below; or may, at the hearing, ask to present written or oral views.

PUBLIC HEARING:

Pursuant to 75 O.S. § 303 (A), the public hearing for the proposed rulemaking in this chapter shall be on November 5, 2014, at the Oklahoma State Department of Health, 1000 Northeast Tenth Street, Oklahoma City, OK 73117-1207, in room 1102 beginning at 10:00 a.m. Those wishing to present oral comments should be present at that time to register to speak. The hearing will close at the conclusion of those registering to speak. Interested persons may attend for the purpose of submitting data, views or concerns, orally or in writing, about the rule proposal described and summarized in this Notice.

REQUESTS FOR COMMENTS FROM BUSINESS ENTITIES:

Business entities affected by these proposed rules are requested to provide the agency with information, in dollar amounts if possible, on the increase in the level of direct costs such as fees, and indirect costs such as reporting, recordkeeping, equipment, construction, labor, professional services, revenue loss, or other costs expected to be incurred by a particular entity due to compliance with the proposed rule. Business entities may submit this information in writing through November 5, 2014, to the contact person identified below.

COPIES OF PROPOSED RULES:

The proposed rules may be obtained for review from the contract person identified below or via the agency website at www.health.ok.gov.

RULE IMPACT STATEMENT:

Pursuant to 75 O.S., §303(D), a rule impact statement is available through the contact person identified.

CONTACT PERSON:

Donald D. Maisch, General Counsel, Oklahoma State Department of Health, 1000 N.E. 10th Street, Oklahoma City, OK 73117-1207; phone (405) 271-6017, e-mail: DonM@health.ok.gov.

INITIAL RULE IMPACT STATEMENT

TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH CHAPTER 600. ABORTION FACILITY REGULATIONS

1. **DESCRIPTION:** *(a brief description of the purpose of the proposed rule [75 O.S. §303.D.2(a)])*

The new rules are being proposed to implement the requirements of HB 1848 [which will become effective on November 1, 2014 and is codified at Title 63 of the Oklahoma Statutes, Section 1-748 (63 O.S. § 1-748)], passed during the 2014 session of the Oklahoma Legislature. The requirements in proposed new rule 310:600-15-1 will only apply to abortion facilities, as that term is defined in regulations. Currently, there are three such licensed facilities in the State of Oklahoma. 310:600-15-1, is proposed to meet the requirements contained at 63 O.S. § 1-748 (A) and mandates the supplies, medications and equipment required during the abortion procedure itself; the procedure in the recovery room after the abortion has been performed; and the post-abortion procedure after the patient has left the facility (including any follow-up visits with the physician). The remaining proposed rules, 310:600-15-2 through 310:600-15-6 apply to any facility where an abortion is performed. These rules are proposed to cover: the training required for a physician assistant of a physician that performs abortions; training required for volunteers at facilities where abortions are performed; requirements to medically screen and evaluate potential patients who wish to receive an abortion; adequate staff, equipment, supplies and medications are available; pain management; intravenous access; monitoring the patient through the process; use of Ultrasound equipment; and hospitalization, in the event an emergency occurs;

Additionally, pursuant to the remaining requirements of 63 O.S. § 1-748, the proposed rules will cover the standards for recovery room procedure, including: the monitoring of patient's vital signs, the monitoring for possible reaction to sedation medication, supervision of the patient, which includes a person capable in providing cardiopulmonary resuscitation in the recovery room, the physician to establish protocols for length of time to remain in recovery room, and documentation of patient's health prior to discharge; and the requirements for the "after the discharge of the patient" which includes: making available Rh-immunoglobulin, providing written instruction on post procedure sexual activity, providing written contact information in the event complications occur, contacting with the patient within 24 hours of the procedure, and scheduling a follow-up visit with the patient.

Finally, the proposed rules will establish requirements concerning the patient's follow-up visit, including, testing to ensure pregnancy was terminated and recordkeeping and reporting requirements.

2. **DESCRIPTION OF PERSONS AFFECTED AND COST IMPACT RESPONSE:** *(a description of*

the classes of persons who most likely will be affected by the proposed rule, including classes that will bear the costs of the proposed rule, and any information on cost impacts received by the agency from any private or public entities [75 O.S. §303.D.2(b)]). The classes of persons who will be affected by these proposed rules are the three licensed abortion facilities in the State of Oklahoma, any facility that performs an abortion, as that term is defined in 63 O.S. § 1-730, and any person in the State of Oklahoma that seeks an abortion. While the cost impact is unknown at the present time, since SB 1848 and these proposed rules will add new requirements to be able to perform and receive an abortion, therefore, it is highly probable that the costs to receive and to perform an abortion will increase.

3. **DESCRIPTION OF PERSONS BENEFITING, VALUE OF BENEFIT AND EXPECTED HEALTH OUTCOMES:** *(a description of the classes of persons who will benefit from the proposed rule [75 O.S. §303.D.2(c)])*

- Legislation in Oklahoma has previously stated that the health benefit for such changes is to enhance the health of women who may have complications from receiving an abortion by standardizing the equipment, supplies and medications available when an abortion is performed, standardizing the requirements during the woman's recovery after an abortion is performed and to ensure that a

woman who has received an abortion is seen by the doctor who performed the procedure sometime after the abortion has been performed.

- State how the Department intends to verify the benefit of the rule:
The Oklahoma State Department of Health will verify the benefit, through the reporting requirements when an abortion is performed and through inspection.

4. **ECONOMIC IMPACT, COST OF COMPLIANCE AND FEE CHANGES:** *(a description of the probable economic impact of the proposed rule upon affected classes of persons or political subdivisions, including a listing of all fee changes and, whenever possible, a separate justification for each fee change [75 O.S. §303.D.2(d)])*

While the cost to the industry is unknown at the present time, it is assumed that there will be an extensive cost to the industry if the proposed rules are adopted. New equipment and supplies may need to be purchased and available when each abortion is performed. New training requirements for those that assist the physician performing the abortion will need to be met. New recovery, post-recovery and reporting requirements will need to be met. All of these will increase the costs of doing business for this industry in Oklahoma. Additionally, similar provisions have been adopted in other states (Texas and Mississippi to name two) wherein certain facilities urged that if they had to meet requirements similar to the requirements set forth in SB 1848, the facilities would go out of business.

5. **COST AND BENEFITS OF IMPLEMENTATION AND ENFORCEMENT TO THE AGENCY:** *(the probable costs and benefits to the agency and to any other agency of the implementation and enforcement of the proposed rule, the source of revenue to be used for implementation and enforcement of the proposed rule, and any anticipated effect on state revenues, including a projected net loss or gain in such revenues if it can be projected by the agency [75 O.S. §303.D.2(e)])*

The cost to implement the rule for the Oklahoma State Department of Health is unknown at the present time. If adopted the proposed rules would establish new requirements for facilities that perform abortions (specifically during the abortion procedure, recovery after the abortion procedure and during follow-up after release from the abortion facility). These new requirements would increase the cost to the Oklahoma State Department of Health in regulating facilities that perform abortions, specifically in inspecting said facilities, investigating complaints concerning said facilities and in receiving information from the new reporting requirements for said facilities.

The cost to the Department to implement the amendments will be approximately \$[4,419.63] to cover the costs of rule drafting, adoption, publication, distribution, and education. The proposed rules will be implemented and enforced by existing Department personnel and will have no anticipated effect on state revenues.

6. **IMPACT ON POLITICAL SUBDIVISIONS:** *(a determination of whether implementation of the proposed rule will have an economic impact on any political subdivisions or require their cooperation in implementing or enforcing the rule [75 O.S. §303.D.2(f)])*

It is unknown at the present time if the proposed rules will have an impact on any political subdivisions. Since the physicians who perform abortions are licensed by other political subdivisions, it is possible that these proposed rules could have an impact on other political subdivisions.

7. **ADVERSE EFFECT ON SMALL BUSINESS:** *(a determination of whether implementation of the proposed rule may have an adverse economic effect on small business as provided by the Oklahoma Small Business Regulatory Flexibility Act [75 O.S. §303.D.2(g)])¹²*

It appears that an abortion facility meets the definition of a “small business.” If an abortion facility meets the definition of a small business, then these new rules will have a major impact on these small businesses. As stated earlier, when some of the provisions in SB 1848 were adopted in other states (examples Texas and Mississippi) abortion facilities made the claim that if the provisions went into effect, then the small business (i.e. abortion facility) would be out of business.

8. **EFFORTS TO MINIMIZE COSTS OF RULE:** *(an explanation of the measures the agency has taken to minimize compliance costs and a determination of whether there are less costly or nonregulatory methods or less intrusive methods for achieving the purpose of the proposed rule [75 O.S. §303.D.2(h)])*
Since the requirements of the proposed rules come from the passage of SB 1848, the Oklahoma State Department of Health does not have the ability to minimize the costs of these proposed rules.

9. **EFFECT ON PUBLIC HEALTH AND SAFETY:** *(a determination of the effect of the proposed rule on the public health, safety and environment and, if the proposed rule is designed to reduce significant risks to the public health, safety and environment, an explanation of the nature of the risk and to what extent the proposed rule will reduce the risk [75 O.S. §303.D.2(i)])*

Legislation in Oklahoma has previously stated that the health benefit for such changes is to enhance the health of women who may have complications from receiving an abortion by standardizing the equipment, supplies and medications available when an abortion is performed, standardizing the requirements during the woman’s recovery after an abortion is performed and to ensure that a woman who has received an abortion is seen by the doctor who performed the procedure sometime after the abortion has been performed.

10. **DETRIMENTAL EFFECTS ON PUBLIC HEALTH AND SAFETY WITHOUT ADOPTION:** *(a determination of any detrimental effect on the public health, safety and environment if the proposed rule is not implemented [75 O.S. §303.D.2(j)])*

It is unknown if there are any detrimental effects on public health and safety if these proposed rules are not adopted.

11. This rule impact statement was prepared on August 8, 2014. Modifications made subsequent to the publication of the *Notice of Rulemaking Intent* were made on: none. *(the date the rule impact statement was prepared and if modified, the date modified [75 O.S. §303.D.2(k)])*

**TITLE 310. OKLAHOMA STATE DEPARTMENT OF HEALTH
CHAPTER 600. ABORTION FACILITY REGULATIONS**

SUBCHAPTER 15. ABORTION MEDICAL PROCEDURE STANDARDS [NEW]

310:600-15-1. Abortion facility supply and equipment standards.

To comply with the requirements of Title 63 of the Oklahoma Statutes, Section 1-748 (A) [63 O.S. § 1-748 (A)], all abortion facilities, as defined in Oklahoma Administrative Code (OAC)

310:600-1-2, licensed pursuant to the requirements of this chapter, shall meet the following supply and equipment standards:

(1) As required by 63 O.S. § 1-748 (A) (1), the following equipment, supplies and medications for the performance of an abortion and for the monitoring the progress of each patient throughout and post-procedure recovery period are required:

- (a) Clean examination gloves;
- (b) Clean Water;
- (c) Detergent or soap;
- (d) Examination table with stirrups;
- (e) Adequate lighting;
- (f) Vaginal speculums of various sizes;
- (g) Swabs to clean vagina and cervix;
- (h) Lidocaine anesthetic;
- (i) Rigid dilators;
- (j) Suction source;
- (k) Antiseptic solution;
- (l) Narcotic reversal agents (if narcotics are used);
- (m) Sterile needles and syringes appropriate for cervical anesthesia and other drug administration;
- (n) Pain medications, such as analgesics and anxiolytics;
- (o) Gloves;
- (p) Gowns;
- (q) Mask or other appropriate face protection;
- (r) Syringes (5, 10 and 20 ml);
- (s) Lidocaine for paracervical block;
- (t) Gauze sponges or cotton balls;
- (u) Antiseptic solution (non-alcohol based) to prepare the cervix;
- (v) Instrument-soaking solution;
- (w) Sterilization or high-level disinfection solutions and materials;
- (x) Blood pressure equipment;
- (y) Stethoscope;
- (z) Tenaculum (atraumatic tenaculum) Tapered dilators up to 37 mm (up to 51 mm) or equivalent circumference, MVA aspirator and cannulae up to 12 mm;

- (aa) Bierer uterine evacuation forceps (large and small);
 - (bb) Sopher uterine evacuation forceps (small);
 - (cc) Large, postpartum flexible curette;
 - (dd) Sponge (ring) forceps;
 - (ee) Instrument tray;
 - (ff) Mifepristone (if performing a medical abortion);
 - (gg) Misoprostol (if performing a medical abortion);
 - (hh) Adequate toilet facilities;
 - (ii) Sanitary napkins;
 - (jj) Antibiotics;
 - (kk) Information on post-procedure self-care;
 - (ll) Post-abortion contraceptive methods and information, and/or referral;
 - (mm) Uterotonics (oxytocin, misoprostol or ergometrine);
 - (nn) IV (intravenous) line and fluids;
 - (oo) Oxygen and Ambu bag;
 - (pp) Long needle-driver and suture;
 - (qq) Scissors;
 - (rr) Uterine packing; and
 - (ss) Locked storage, if controlled drugs are present;
- (2) As required by 63 O.S. § 1-748 (A) (2), all equipment, supplies and medications stated in OAC 310:600-15-1 (1) shall be maintained in sufficient numbers and/or amounts to assure sufficient quantities of clean, sterilized and durable equipment and supplies to meet the needs of each patient;
- (3) As required by 63 O.S. § 1-748 (A) (3), the following are the equipment and supplies required for laboratory tests at an abortion facility, which shall be required to be maintained and calibrated pursuant to manufacturer's specifications:
- (a) All Rh testing and procedures shall meet CLIA requirement. If Rh testing is to be conducted on site:
 - 1. Rh Factor test equipment;
 - 2. Slide warmer;
 - 3. Reagent;
 - 4. Slides; and
 - 5. Disposable lancets;
 - (b) Urine HCG testing strips;
 - (c) Disposable urine collection cups; and
 - (d) A CLIA certificate of compliance for any non-waivered testing that is commenced or completed on-site;
- (4) As required by 63 O.S. § 1-748 (A) (4), ultrasound

equipment shall be required at all abortion facilities; and
(5) As required by 63 O.S. § 1-748 (A) (5), all equipment shall be safe for the patient and staff working with the equipment, all equipment shall meet or exceed applicable federal requirements and shall be calibrated annually.

310:600-15-2. Training physician assistants.

To comply with the requirements of 63 O.S. § 1-748 (C), all facilities that perform abortions, as the term "abortion" is defined in 63 O.S. § 1-730, shall require any physician assistant coming into contact with any patient in need of an abortion to receive the following training prior to any patient contact:

- (1) How to safeguard patient privacy and confidentiality;
- (2) Recognition of abortion complications both medical and surgical;
- (3) Recognition of an ongoing pregnancy;
- (4) Recognition and management of an incomplete abortion;
- (5) Recognition and management of hemorrhage;
- (6) Recognition and management of infections that may affect the abortion procedure;
- (7) Recognition and management of uterine perforation;
- (8) How to provide contraceptive counseling;
- (9) Evaluation of a possible ectopic pregnancy;
- (10) Consideration of the needs of the patient, including adolescents, ethnic minorities, women with disabilities, survivors of rape, women living with HIV and other STIs (sexually transmitted infections);
- (11) Recognition of the signs the woman has been subjected to violence and/or rape and provide guidance in how to help her obtain legal services, counseling and other needed services;
- (12) Performance of a pre-procedure assessment (medical history, physical exam, pregnancy information and dating);
- (13) How to perform STI screening; and
- (14) Understanding standard precautions for infection prevention and control, which at a minimum shall include:
 - (a) Proper hand-washing;
 - (b) Use of personal protective equipment (e.g. gowns, gloves, apron, mask, goggles);
 - (c) Safe disposal of medical waste;
 - (d) The handling and disposal of sharp instruments;
 - (e) Proper disposal of single use supplies and equipment; and
 - (f) Understanding of the proper cleaning and sterilization of reusable surgical instruments.

310:600-15-3. Training volunteers.

To comply with the requirements of 63 O.S. § 1-748 (D), all facilities that perform abortions, as the term "abortion" is defined in 63 O.S. § 1-730, shall require any volunteer coming into contact with any patient in need of an abortion to receive the following training prior to any patient contact:

- (1) How to safeguard patient privacy and confidentiality;
- (2) Recognition of abortion complications;
- (3) Understanding standard prevention for infection prevention and control, which at a minimum will include:
 - (a) Proper hand-washing;
 - (b) Use of personal protective equipment (e.g. gowns, gloves, apron, mask, goggles);
 - (c) Safe disposal of contaminated waste;
 - (d) Careful handling and disposal of sharp instruments; and
 - (e) Proper disinfection of instrument and other contaminated equipment; and
- (4) Prevention of unintended pregnancy including how and where to obtain contraceptive methods.

310:600-15-4. Medical screening and evaluation.

To comply with the requirements of 63 O.S. § 1-748 (E), all facilities that perform abortions, as the term "abortion" is defined in 63 O.S. § 1-730, shall medically screen and evaluate each patient seeking an abortion as follows:

- (1) Obtain a medical history of each patient, including the following:
 - (a) Reported allergies to medications, antiseptic solutions, and latex;
 - (b) Obstetric and gynecological history;
 - (c) Past surgeries; and
 - (d) Medication the patient is currently taking;
- (2) Perform a physical examination of each patient, including a bimanual examination estimating uterine size and palpation of the adnexa; and
- (3) Perform the appropriate pre-procedure testing, including:
 - (a) Urine or blood tests for pregnancy, if ordered by a physician;
 - (b) A test for anemia;
 - (c) Rh typing, unless reliable written documentation of blood type is available; and
 - (d) An ultrasound evaluation for all patients who elect to have an abortion. The physician performing the abortion is responsible for estimating the gestational age of the unborn child based on the ultrasound examination and established standards of

obstetrical care and shall write the estimate in the patient's medical record. An original print of each ultrasound examination of the patient shall be kept in the patient's medical record.

310:600-15-5. Performance of the abortion procedure and follow-up care.

To comply with the requirements of 63 O.S. § 1-748 (F), all facilities that perform abortions, as the term "abortion" is defined in 63 O.S. § 1-730, shall meet the following standards for the abortion procedure and all post-procedure follow-up care:

(1) Abortion procedure standards:

(a) As required by 63 O.S. § 1-748 (F) (1), any facility performing an abortion as defined in 63 O.S. § 1-730 shall have adequate and appropriate medical and other staff available to meet the patient's needs;

(b) As required by 63 O.S. § 1-748 (F) (2), any facility performing an abortion as defined in 63 O.S. § 1-730 shall provide for pain management, analgesia and sedation as follows:

(i) All women will be offered pain medication during both surgical and medical abortions;

(ii) When more than minimal sedation is intended, intravenous access will be maintained;

(iii) The supervising practitioner must be immediately available when sedation is administered;

(iv) Pulse oximetry, with appropriate alarms, will be employed when moderate or deeper levels of sedation are used;

(v) Monitoring for deep sedation and general anesthesia will be accompanied by use of continuous pulse monitoring or electrocardiography as well as use of waveform Capnography to monitor end-tidal CO₂;

(vi) In settings where deep sedation and general anesthesia are used there will be appropriate medication and equipment required for an anesthesia emergency;

(vii) For the purposes of the provisions of Pain management, analgesia and sedations, the following definitions shall be applicable:

(A) "Local anesthesia" means the elimination or reduction of sensation, especially pain, in one part of the body by topical application or local injection of a

drug;

(B) "Minimal sedation" means a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and physical coordination may be impaired, airway reflexes, ventilatory and cardiovascular functions are unaffected;

(C) "Moderate sedation" means a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is usually maintained but may be impaired. This level of sedation was previously referred to as "Conscious Sedation," however the use of this term is no longer recommended;

(D) "Deep sedation" means a drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function is usually maintained but may be impaired;

(E) "General anesthesia" means a drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired;

(c) As required by 63 O.S. § 1-748 (F) (3), any facility performing an abortion as defined in 63 O.S. § 1-730 shall require the establishment of intravenous access and other appropriate precautions;

(d) As required by 63 O.S. § 1-748 (F) (4), any facility performing an abortion as defined in 63 O.S. § 1-730 shall require the physician performing the abortion to monitor the patient's vital signs and other defined signs and markers of the patient, throughout the procedure;

(e) Contraception and Sexually Transmitted Diseases:

(i) All physicians performing abortions shall be qualified to counsel patients concerning contraception alternatives;

(ii) All physicians performing abortions shall provide counselling and information to patients concerning contraception; and

(iii) All physicians performing abortions shall provide counselling and information to patients concerning sexually transmitted diseases and infections;

(f) Privacy and Confidentiality:

(i) Staff at any facility performing abortions shall provide counselling to patients concerning the ability to keep all medical procedures private and confidential; and

(ii) Staff at any facility performing abortions shall provide counselling to patients concerning providing informed consent concerning the abortion procedure;

(g) Infection Prevention and Control:

All physicians performing an abortion shall require, at a minimum:

(i) proper handwashing;

(ii) proper use of personal protective equipment (i.e. gowns, gloves, apron, mask, goggles);

(iii) safe and proper disposal of contaminated waste;

(iv) proper handling and disposal of sharp instruments; and

(v) proper disinfection of instruments and other potentially contaminated equipment;

(h) Rh Testing and Rh immunoglobulin administration:

(i) All physicians performing abortions shall ensure that any patient receiving an abortion undergoes testing to determine Rh status;

(ii) All physicians performing abortions shall ensure that any patient testing Rh negative shall be administered Rh immunoglobulin;

- (i) Ultrasounds:
 - (i) Any ultrasound performed during the first trimester (14 weeks) of a pregnancy shall be included in the medical record and shall include, at a minimum, the following information:
 - (A) A full scan of the uterus in both the transverse and longitudinal plane to confirm an intrauterine pregnancy;
 - (B) Determination and evaluation of fetal number;
 - (C) Measurements that accurately document gestational age;
 - (D) Evaluation of pregnancy landmarks to include the absence or presence of the yolk sac, and absence or presence of fetal cardiac activity;
 - (E) Crown-rump length and gestational sac measurements and the corresponding calculated estimated gestational age; and
 - (F) Fetal heart rate, if available and measurable;
 - (ii) Ultrasound images and measurements shall be included with all documentation;
 - (iii) All ultrasound equipment shall be disinfected between use upon patients; and
 - (iv) All ultrasound equipment shall be calibrated and maintained in accordance with manufacturers specifications;
- (j) First trimester surgical abortion:
 - (i) Patient pertinent medical history shall be obtained;
 - (ii) The pregnancy will be confirmed and gestational age assessed;
 - (iii) All women having a surgical abortion will receive appropriate prophylactic antibiotics pre- or peri-operatively;
 - (iv) All instruments entering the uterine cavity shall be sterile;
 - (v) Uterine contents will be evaluated to verify products of conception prior to the patient being discharged; and
 - (vi) All women will be offered pain medication during both surgical and medical abortion;
- (k) First trimester medical abortion:
 - (i) All RH negative women should receive RH immune globulin when Misoprostol is ingested;
 - (ii) Counsel the patient that the medications

used can cause fetal anomalies;

(iii) Administer any and all medications in accordance with manufacturer specifications and/or medical industry standards; and

(iv) Complete abortion will be confirmed by an evaluation of the uterine contents to verify products of conception prior to the patient being discharged;

(1) Second trimester surgical abortion:

Ultrasounds in the second trimester (>14 weeks), shall be documented in the medical record and shall include at a minimum:

(i) Verification of the gestational age through the use of a consistent and published table of fetal measurements;

(ii) Views to document the intrauterine location of the pregnancy;

(iii) Determination and evaluation of fetal number;

(iv) Measurements that accurately document gestational age;

(v) Evaluation of fetal activity;

(vi) Location of the placenta within the uterus;

(vii) All women having a surgical abortion will receive appropriate prophylactic antibiotics pre- or peri-operatively;

(viii) A pre-procedure Hemoglobin and/or or Hematocrit will be obtained and evaluated;

(ix) Prior to surgical abortion cervical preparation will occur for pregnancies \geq 14 weeks using osmotic dilators or misoprostol;

(x) All instruments entering the uterine cavity must be sterile;

(xi) Uterotonics to aid in control of uterine bleeding must be available upon request; and

(xii) Examination of uterine contents must be performed to identify the placenta and all major fetal parts;

(m) Second Trimester Medical Abortion:

(i) Access to surgical management must be available in the event surgical intervention is required;

(ii) Examination of uterine contents must be performed to identify the placenta and all major fetal parts;

(iii) All RH negative women should receive RH immune globulin when Misoprostol is ingested;

- (iv) Counsel the patient that the medications used can cause fetal anomalies;
- (v) Administer any and all medications in accordance with manufacturer specifications and/or medical industry standards; and
- (vi) Complete abortion will be confirmed by examination of the uterine contents that identify the placenta and all major fetal parts;
- (n) Bleeding and Perforation:
 - (i) All facilities providing abortion services shall have a protocol for the management of an acute hemorrhage;
 - (ii) Said protocol shall include:
 - (A) Establishment of intravenous access;
 - (B) Availability of the ultrasound machine;
 - (C) Administration of uterotonics;
 - (D) Evaluation of the cause and source of the bleeding;
 - (E) Defined roles of the staff;
 - (F) Readily available emergency supplies;
 - (G) Methods for conducting a transfer of the patient to a hospital if the bleeding does not cease or the patient become hemodynamically unstable; and
 - (H) Two types of uterotonics and/or medical methods to control bleeding; and
 - (iii) If perforation occurs, regardless whether the patient is asymptomatic, the physician shall provide close observation while at the facility and shall provide follow-up services, which shall at a minimum address:
 - (A) Considerations for antibiotic usage;
 - (B) Considerations for uterotonic usage; and
 - (C) Considerations for the transfer of the patient; and
- (o) Evaluation of Evacuated Uterine Contents:

The evacuation of the uterine contents shall be evaluated to determine:

 - (i) The termination of the pregnancy, prior to the patient leaving the facility. If the termination of the pregnancy cannot be determined

through the evaluation of the uterine contents, then further evaluation of the patient is required;

(ii) Whether sufficient tissue is present. If insufficient tissue or incomplete products are present, then the patient shall be re-evaluated; and

(iii) If insufficient tissue is not obtained from the re-evaluation, then the facility shall conduct an evaluation for an ectopic pregnancy and the patient shall be counselled on the symptoms and dangers of an ectopic pregnancy; and

(p) Hospitalization:

(i) As required by 63 O.S. § 1-748 (F) (6), any facility performing an abortion as defined in 63 O.S. § 1-730 shall arrange for the hospitalization of any patient if any complication(s) occur that are beyond the management capability of the facility or the medical staff at the facility;

(ii) Any facility providing abortion services shall establish protocols for the management of medical emergencies and necessary hospitalization; and

(iii) The protocols, which shall be reviewed annually by the staff involved with the direct care of patients, shall include:

(A) Requirements for emergency transport as well as how to contact emergency transport and assistance;

(B) Management and control of bleeding;

(C) Identification of perforation;

(D) Evaluation for respiratory issues;

(E) Evaluation for cardiovascular arrest;

(F) Evaluation for depression;

(G) Evaluation for anaphylaxis; and

(H) Requirements for emergency transfer;

(2) Post-abortion procedure standards:

(a) As required by 63 O.S. § 1-748 (F) (4), any facility performing an abortion as defined in 63 O.S. § 1-730 shall require the physician performing the abortion to monitor the patient's vital signs and other defined signs and markers of the patient, throughout the post-procedure process;

(b) As required by 63 O.S. § 1-748 (F) (5), any facility performing an abortion as defined in 63 O.S. § 1-730 shall provide all necessary and appropriate post-procedure care and observation in a supervised recovery

- room for as long as the patient's condition warrants;
- (c) As required by 63 O.S. § 1-748 (F) (7), any facility performing an abortion as defined in 63 O.S. § 1-730 shall provide a licensed health-care professional trained in the management of the recovery room and capable of providing cardiopulmonary resuscitation who should actively monitors patients in the recovery room;
 - (d) As required by 63 O.S. § 1-748 (F) (8), any facility performing an abortion as defined in 63 O.S. § 1-730 shall establish protocols for the minimum specified time a patient is to remain in the recovery room based on the type of abortion procedure performed, duration of gestation and any complications that may have arisen;
 - (e) All patients shall be continuously observed during the recovery period by a health care worker trained in post-procedural care;
 - (f) Patients who received sedation or exhibit signs of instability should remain in the care of an appropriately trained individual until no longer at risk for hemodynamic instability or respiratory depression;
 - (g) The following criteria must be documented prior to discharge:
 - (i) patient shall be ambulatory;
 - (ii) patient's blood pressure and pulse shall be stable; and
 - (iii) patient's bleeding and pain shall be controlled;
 - (h) Initiate Contraception or provide contraception information;
 - (i) As required by 63 O.S. § 1-748 (F) (9), any facility performing an abortion as defined in 63 O.S. § 1-730 shall provide Rh-immunoglobulin if patient is RH negative, or a medical professional shall discuss the need for the Rh-immunoglobulin and have the Rh-immunoglobulin available for seventy-two (72) hours after the procedure. If the patient refuses Rh-immunoglobulin treatment, said refusal shall be documented through the use of the refusal of treatment form approved by the Oklahoma State Board of Health;
 - (j) As required by 63 O.S. § 1-748 (F) (10), any facility performing an abortion as defined in 63 O.S. § 1-730 shall provide written instructions concerning post-abortion procedure sexual activity;
 - (k) As required by 63 O.S. § 1-748 (F) (10), any

facility performing an abortion as defined in 63 O.S. § 1-730 shall provide written instructions to every patient concerning the ability to access medical care in the event complications occur, including a telephone number to call for medical emergencies;

(l) As required by 63 O.S. § 1-748 (F) (11), any facility performing an abortion as defined in 63 O.S. § 1-730 shall provide shall make a good-faith effort to contact the patient within twenty-four (24) hours after the abortion procedure is completed. Said contact shall be undertaken by a licensed medical professional;

(m) As required by 63 O.S. § 1-748 (F) (12), any facility performing an abortion as defined in 63 O.S. § 1-730 shall provide appropriate equipment and services are available in the recovery room to provide all necessary and appropriate services in the event of an emergency or if resuscitative life-support procedures become necessary;

(n) As required by 63 O.S. § 1-748 (F) (13), any facility performing an abortion as defined in 63 O.S. § 1-730 shall provide the opportunity for the patient to schedule a follow up visit at least two (2) weeks, but within (4) weeks of the abortion procedure;

(o) The facility shall schedule all necessary follow-up visits, especially if irregular bleeding or if a perforation occurred;

(p) As required by 63 O.S. § 1-748 (F) (14), any facility performing an abortion as defined in 63 O.S. § 1-730 shall obtain a urine or blood test, or an ultra sound at the time of a follow up visit to assure that the pregnancy has been terminated;

(q) Endometrical thickness alone will not be sufficient to guide the management of the patient after a medical abortion; and

(r) Prior to sedation of the patient, instructions shall be given to the patient describing what to expect post-procedure, self-care and the signs and symptoms of complications, which shall include: educating the patient concerning the signs of possible post-abortion complications, including giving the patient a handout concerning said complications that at a minimum contains:

- (i) Expectations on bleeding;
- (ii) Recognition of potential complications;
- (iii) How and where to seek additional medical or other assistance, including a list of

- emergency contact phone numbers;
- (iv) When to return for a follow-up appointment;
- (v) How long to abstain from sexual intercourse;
- (vi) How long to abstain from placing anything inside the vagina;
- (vii) A list of oral pain medications offered; and
- (viii) Confirmation of the completion of the abortion before the insertion of an IUD (intrauterine device) or tubal sterilization.

310:600-15-6. Recording and reporting.

(A) To comply with the requirements of 63 O.S. § 1-748 (G), all facilities that perform abortions, as the term "abortion" is defined in 63 O.S. § 1-730, shall record any incident that results in injury to the patient or results in injury to any child that is born alive. Said incidents shall be reported to the Oklahoma State Board of Health within ten (10) days of the date of the incident.

(B) To comply with the requirements of 63 O.S. § 1-748 (H), all facilities that perform abortions, as the term "abortion" is defined in 63 O.S. § 1-730, shall report the death of any patient to the Oklahoma State Board of Health by the next business day of the date of the patient's death.

(C) To comply with the requirements of 63 O.S. § 1-748 (I), all facilities that perform abortions, as the term "abortion" is defined in 63 O.S. § 1-730, any event that requires reporting to the Oklahoma State Board of Health listed in OAC 310:600-15-6 (a) and (b) shall be reported to all appropriate licensure and regulatory boards.

(D) All reports that are required to be submitted to the Oklahoma State Board of Health shall be submitted to the Oklahoma State Department of Health, Center for Health Statistics, 1000 Northeast 10th Street, Oklahoma City, OK 73117.